

SEP 28 2006

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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

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In re application of: Choi et al.

Attorney Docket No.:

Application No.: 10/798,456

LAM1P187/P1216

Filed: March 10, 2004

Examiner: Umez Eronini, Lynette T.

Title: LINE EDGE ROUGHNESS CONTROL

Group: 1765

Confirmation No.: 6110

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**CERTIFICATE OF FACSIMILE TRANSMISSION**

I hereby certify that this correspondence is being transmitted by facsimile to fax number 571-273-8300 to the U.S. Patent and Trademark Office on September 28, 2006.

Signed: 

Agnes Spence

**NOTICE OF APPEAL**

Commissioner of Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Applicant hereby appeals to the Board of Appeals from the decision of the Primary Examiner mailed August 24, 2006 finally rejecting Claims 1-5, 8-15 and 18-26.

The item(s) checked below are appropriate:

Appeal Fee: ☐ \$250.00 (Small Entity) ☒ \$500.00 (Large Entity)

The proceedings herein are for a patent application and the provisions of 37 CFR 1.136 apply:

☐ Applicant petitions for an extension of time under 37 CFR 1.136 (fees: 37 CFR

1.17(a)-(d)) for the total number of months checked below:

09/29/2006 MBINAS 00000046 500388 10798456

01 FC:1401 500.00 DA

<u>Months</u>	<u>Large Entity</u>	<u>Small Entity</u>
<input type="checkbox"/> one	\$120.00	\$ 60.00
<input type="checkbox"/> two	\$450.00	\$225.00
<input type="checkbox"/> three	\$1,020.00	\$510.00

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If an additional extension of time is required, please consider this a petition therefor.

☐ An extension for \_\_\_\_\_ month(s) has already been secured and the fee paid therefor of \$ \_\_\_\_\_ is deducted from the total fee due for the total months of extension now requested.

☒ Applicant believes that no extension of time is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.

**Total Fee Due**

Notice of Appeal Fee	\$500.00
Extension Fee (if any)	\$
<b>Total Fee Due</b>	<b>\$500.00</b>

☐ Enclosed is Check No. \_\_\_\_\_ in the amount of \$ \_\_\_\_\_.

☒ Charge the required fees in the amount of \$500.00 or any additional fees to Deposit Account No. 500388, (Order No. LAM1P187).

Respectfully submitted,  
BEYER WEAVER & THOMAS, LLP



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